

Vonda M. Wallace  
Paralegal Specialist

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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE			
						APPLICANT(S)				
CLAIMS										
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	
IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1						51				
2						52				
3						53				
4						54				
5						55				
6						56				
7						57				
8						58				
9						59				
10						60				
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37						87				
38						88				
39						89				
40						90				
41						91				
42						92				
43						93				
44						94				
45						95				
46						96				
47						97				
48						98				
49						99				
50						100				
TOTAL IND.	6					TOTAL IND.				
TOTAL DEP.	27					TOTAL DEP.				
TOTAL CLAIMS	33					TOTAL CLAIMS				